



**ITS TELECOMMUNICATIONS SYSTEMS, INC.**

15925 SW Warfield Blvd. • P.O. Box 397 • Indiantown, Florida 34956  
772-597-2111 • [www.itstelecom.net](http://www.itstelecom.net)

June 21, 2017

**REDACTED**

Marlene H. Dortch, Secretary  
Office of the Secretary  
Federal Communications Commission  
9300 East Hampton Drive  
Capitol Heights, MD 20743

Re: WC Docket No. 14-58  
ITS Telecommunications Systems, Inc. 2018 Federal ETC Filing (FCC Form 481)

Dear Ms. Dortch:

ITS Telecommunications Systems, Inc. respectfully files confidential and redacted versions of the FCC Form 481 ETC annual reporting information in compliance with the ETC Annual Reports and Certifications in WC Docket 14-58 and pursuant to 47 C.F.R. §54.313 and §54.422 of the Commission's rules.

Pursuant to 47 C.F.R. §0.457 and §0.459 of the FCC Rules, ITS Telecommunications Systems, Inc. is requesting that the FCC Form 481 and attachments be considered proprietary confidential business information due to the competition in our service area.

Enclosed please find one original marked Confidential and one copy marked Confidential and one copy marked Redacted of the FCC Form 481. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Please contact Donna Marreel at [donnam@itstelecom.net](mailto:donnam@itstelecom.net) if there are any questions.

Sincerely,

Bruce Russell  
Chief Financial Officer

Enclosures

*Serving our community for over 50 years.*

Local & Long Distance Phone Services

High Speed Internet

DirecTV

Computer Service & Repair

FCC Form 481 - Carrier Annual Reporting  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0056/OMB Control No. 3060-0019  
July 2013

<010> Study Area Code	210331
<015> Study Area Name	ITS TELECOM, SYS.
<020> Program Year	2018
<030> Contact Name: Person USAC should contact with questions about this data	Donna Martel
<035> Contact Telephone Number: Number of the person identified in data line <030>	7725973161 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	donnam@ltsoltec.com.net
Form Type	54.313 and 54.422

REDACTED

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<039>	Contact Email Address - Email Address of person identified in data line <030>	donna@itatelecom.net
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**<210> For the prior calendar year, were there any reportable voice service outages?**

No

<220>      <a>      <b1>      <b2>      <b3>      <b4>      <c1>      <c2>      <d>      <e>      <f>      <g>      <h>

[illegible]

<b>(300) Unfulfilled Data Collection Form</b>	<b>Request</b>	<b>FCC Form 481</b>
		<b>OMB Control No. 3060-0986/OMB Control No. 3060-0819</b> <b>July 2013</b>

<010> Study Code	210331
<015> Study Name	ITS TELECOMM. SYS.
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Donna Marreel
<035> Contact Phone Number - Number of person identified in data line <030>	7725973161 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	donnam@itstelecom.net

<300> Unfulfilled Service request (voice)	NA
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<310> Detail on Comments (voice)	Name of Attached Document
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<320> Unfulfilled Service request (broadband)	NA
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<330> Detail on Comments (broadband)	Name of Attached Document
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(400) Number of Complaints per 1,000 customers  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0386/OMB Control No. 3060-0319  
July 2013

<010>	Study Area Code	210111
<015>	Study Area Name	ITS TELECOM SYS.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Grada Massey
<035>	Contact Telephone Number - Number of person identified in data line <030>	7725971161 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	gradamassey@comcast.net
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed voice
<410>	Complaints per 1000 customers for fixed voice	0.0
<420>	Complaints per 1000 customers for mobile voice	
<430>	Select from the drop-down list to indicate how you would like to report end-user customer complaints (zero or greater) for broadband service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	Offered only fixed broadband
<440>	Complaints per 1000 customers for fixed broadband	0.0
<450>	Complaints per 1000 customers for mobile broadband	

**(500) Compliance With Service Quality Standards and Consumer Protection Rules  
Data Collection Form**

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0919  
July 2013

<010>	Study Area Code	210311
<015>	Study Area Name	ITS TELECOM. SYS.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Donna Harwood
<035>	Contact Telephone Number - Number of person identified in data line <030>	7725973161 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	dohmaw@statelecom.net
<500>	Certify compliance with applicable service quality standards and consumer protection rules	Yes
		210331f1510.pdf
<510>	Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance	
<515>	Certify compliance with applicable minimum service standards	

(600) Functionality in Emergency Situations Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	210331	
<015> Study Area Name	FTR TELECOM, ETC.	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Diana Harroo	
<035> Contact Telephone Number - Number of person identified in data line <030>	7725971161 ext.	
<039> Contact Email Address - Email Address of person identified in data line <030>	diana@state1erom.net	
<600> Certify compliance regarding ability to function in emergency situations	Yes	
<610> Descriptive document for Functionality in Emergency Situations	210331f1610.pdf	

REDACTED

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

**<701> Residential Local Service Charge Effective Date**  
**<702> Single-Family Residential Local Service Charge**

1/1/2017
1.0

[illegible]



## FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	210331
<015>	Study Area Name	ITS TELECOMM. SYS.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Donna Marreel
<035>	Contact Telephone Number - Number of person identified in data line <030>	7725973161 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	donna@itstelecom.net

[illegible]

panies

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Student Code	210331
<015>	Student Name	ITS TELECOMM. SYS.
<020>	Program	2018
<030>	Contact - Person USAC should contact regarding this data	Donna Marreel
<035>	Contact - phone Number - Number of person identified in data line <030>	7725973161 ext.
<039>	Contact - Email Address - Email Address of person identified in data line <030>	donna@itstelecom.net

<810> Repo : Carrier ITS Telecommunications Systems, Inc.

<811>	Holdi	pany	Postco, Inc.
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<812> Oper i      ompany      ITS Telecommunications Systems, Inc.
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<813>

<a1>

<a2>

<a3>

## Affiliates

**SAC**

### Doing Business As Company or Brand Designation

-- See attached worksheet --

<b>(900) Tribal Land Reporting Data Collection</b>		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<b>&lt;010&gt;</b>	Study Area Code	210331
<b>&lt;015&gt;</b>	Study Area Name	ITS TELECOMM. SYS.
<b>&lt;020&gt;</b>	Program Year	2018
<b>&lt;030&gt;</b>	Contact Name - Person USAC should contact regarding this data	Donna Marreel
<b>&lt;035&gt;</b>	Contact Telephone Number - Number of person identified in data line <030>	7725973161 ext.
<b>&lt;039&gt;</b>	Contact Email Address - Email Address of person identified in data line <030>	donnam@itstelecom.net

**<900>** Does the filing entity offer tribal land services? (Y/N) No

**<910>** Tribal Land(s) on which ETC Serves

**<920>** Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921>** Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922>** Feasibility and sustainability planning;
- <923>** Marketing services in a culturally sensitive manner;
- <924>** Compliance with Rights of way processes
- <925>** Compliance with Land Use permitting requirements
- <926>** Compliance with Facilities Siting rules
- <927>** Compliance with Environmental Review processes
- <928>** Compliance with Cultural Preservation review processes
- <929>** Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

(1000) Voice  
Data Collection

## Broadband Service Rate Comparability Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Student	Area Code	210331
<015>	Student	Area Name	ITS TELECOMM. SYS.
<020>	Provider	Year	2018
<030>	Comments	Name - Person USAC should contact regarding this data	Donna Marreel
<035>	Comments	Telephone Number - Number of person identified in data line <030>	7725973161 ext.
<039>	Comments	Email Address - Email Address of person identified in data line <030>	donna@itstelecom.net

<1000> Voice services rate comparability certification Yes

<1010> Attach detailed description for voice services rate comparability compliance 210331f11010 .pdf

Name of Attached Document

<1020> Broadband comparability certification Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau

<1030> Attach detailed description for broadband comparability compliance 210331f11030.pdf

Name of Attached Document

# REDACTED

(1100) No Terrestrial Backhaul Reporting  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	210331
<015>	Study Area Name	ITS TELECOMM. SYS.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Donna Marreel
<035>	Contact Telephone Number - Number of person identified in data line <030>	7725973161 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	donna@its telecom.net

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

REDACTED

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

Condition for Lifeline Customers

(1200) Term:  
Lifeline  
Data Collecti

<010>	Sta	210331
<015>	Sta	ITS TELECOMM. SYS.
<020>	Pr	2018
<030>	Co	Name - Person USAC should contact regarding this data Donna Marreel
<035>	Co	Telephone Number - Number of person identified in data line <030> 7725973161 ext.
<039>	Co	Email Address - Email Address of person identified in data line <030> donniam@itstatelecom.net

<1210> Tel Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220>	Li	Public Website	HTTP	www.itstatelecom.net/telephone.shtml
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"Please check boxes below to confirm that the attached document(s), on line 1210, on line 1220, contains the required information pursuant to § 54.422(a)(2), annual reporting for ETCs receiving low-income support, carriers must

<1221>	Inf	tion describing the terms and conditions of any voice te	by service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Det	in the number of minutes provided as part of the plan,		<input checked="" type="checkbox"/>
<1223>	Ad	il charges for toll calls, and rates for each such plan.		<input checked="" type="checkbox"/>

(3005) Rate Of Return Carrier Additional Documentation  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010>	Study Area Code	210331
<015>	Study Area Name	ITS TELECOMM. SYS.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Donna Marreel
<035>	Contact Telephone Number - Number of person identified in data line <030>	7725973161 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	donnam@itstelecom.net

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)		
Yes - Attach Certification			
(3010A)	Certification of Public Interest Obligations {47 CFR § 54.313(f)(1)(i)}		210331f13010B.pdf
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3012A)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	No - No New Community Anchors	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<input checked="" type="radio"/> <input type="radio"/>
Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:			
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input checked="" type="checkbox"/>	
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>	
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Document Listing Required Information	210331f13015.pdf
(3018)	If the response is no on line 3014, is your company audited?	(Yes/No)	<input type="radio"/> <input type="radio"/>
If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>	
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>	
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>	
If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:			
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	<input type="checkbox"/>	
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>	
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>	
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>	
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

(3005) Rate Of Return  
Data Collection Form

Additional Documentation (Continued)

FCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819

July 2013

<010> Study Area  
<015> Study Area  
<020> Program  
<030> Contact Name  
<035> Contact Title  
<039> Contact Email

210331  
ITS TELECOMM. SYS.  
2018  
Person USAC should contact regarding this data Donna Marreel  
Number - Number of person identified in data line <030> 7725973161 ext.  
Email - Email Address of person identified in data line <030> donnamarreel@its telecom.net

REDACTED

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service (TPIS)

(3031) Total Assets

(3032) Total Liabilities

(3033) Total Equity

(3034) Dividend Payout

655025
8867976
111200
19586544
9856346
6378927
85025
0

Name of Attached Document Listing Required Information



<b>Certification - Reporting Carrier</b>	FCC Form 481
<b>Data Collection Form</b>	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code	210331
<015> Study Area Name	ITS TELECOMM. SYS.
<020> Program Year	2018
<030> Contact Name - Person USAC should contact regarding this data	Donna Marreel
<035> Contact Telephone Number - Number of person identified in data line <030>	7725973161 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	donna@itstelecom.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

<b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b>	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: ITS TELECOMM. SYS.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/21/2017
Printed name of Authorized Officer: Bruce Russell	
Title or position of Authorized Officer: CFO	
Telephone number of Authorized Officer: 7725972106 ext.	
Study Area Code of Reporting Carrier: 210331	Filing Due Date for this form: 07/03/2017
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## **Attachments**

## **Service Quality Standards and Consumer Protection Rules Compliance**

ITS Telecommunications Systems, Inc., DBA, ITS Telecom, certifies that our company complies with the applicable state and FCC Service Quality Standards and the Consumer Protection Rules.

With regards to the FCC 47 C.F.R. §64.2001-64.2011 rules for CPNI (Customer Proprietary Network Information), ITS Telecom has a policy manual that details and enforces the requirements of the federal rules. Our managers review the policies of CPNI on a yearly basis or as needed whenever a new hire is involved with our customer information. The company certifies its compliance annually with the FCC.

ITS Telecom also trains their employees on the Red Flag regulations to help identify Identity theft and through our IT Department, we have procedures to mitigate the potential damage of identity theft. Our IT Department has numerous measures in which to insure the integrity of our network and customer data.

ITS Telecom discloses their rates to our customers on our website, [www.itstelecom.net](http://www.itstelecom.net), provides protection to our customers with Anti-Slamming Procedures as adopted with the Florida Administrative Code and the Florida Statutes, and follows all other applicable federal and state requirements governing the protection of our customers' privacy.

### **Functionality in Emergency Situations**

ITS Telecommunications Systems, Inc., DBA, ITS Telecom, certifies that our company is compliant in emergency situations as set forth in the Code of Federal Regulations. We have a Disaster and Hurricane Preparedness Plan in place and update it periodically as needed. ITS Telecom has employees that attend yearly emergency scenario training sessions with both the Florida State Emergency Operations Department and the County Emergency Operations Department. There are ongoing communications with these Emergency Operations Departments when potential emergencies are identified. We have an IT Steering Committee that meets several times a year to review our Emergency Preparedness Policies.

ITS Telecom's central office is designed to withstand power failures through the use of batteries and backup generators. We also have backup generators for our remotes which will keep running until commercial power is restored as long as fuel is available. The IT Department and OSP perform scheduled routine maintenance of our batteries and generators. Our IT Department monitors our network 24/7/365 which ensures timely responses when a problem arises. Our serving area has network redundancy that provides an alternate route when needed.

REDACTED

(700) Price Off  
Data Collection

### including Voice Rate Data

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Code	210331
<015>	Study Name	ITS TELECOMM. SYS.
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Donna Marreel
<035>	Contact Phone Number - Number of person identified in data line <030>	7725973161 ext.
<039>	Contact Address - Email Address of person identified in data line <030>	donna@itstelecom.net

<701>	Residential	Commercial Service Charge Effective Date

1/1/2017

<702> Single , Wide Residential Local Service Charge

1.0

<703>

[illegible]

REDACTED

(710) Broadband and Voice Offerings  
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

<010> Study Area Code 210331

<015>	Study Area Name	ITS TELECOMM. SYS.
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<020> Program Year	2018
--------------------	------

<030> Contact Name - Person USAC should contact regarding this data Donna Marreel

<035>	Contact Telephone Number - Number of person identified in data line <030>	7725973161 ext.
-------	---	-----------------

<039> Contact Email Address - Email Address of person identified in data line <030> donnam@itstelecom.net

<711>

[illegible]

## July 2013

panies

<810>	Repc	Carrier	ITS Telecommunications Systems, Inc.
<811>	Hold	Company	Postco, Inc.
<812>	Oper	Company	ITS Telecommunications Systems, Inc.

<813>

[illegible]

### **Voice Services Rate Comparability Certification**

ITS Telecommunications Systems, Inc. hereby certifies that the price of our fixed residential voice service of \$18.00, effective January 1, 2017, and of \$23.00, effective July 1, 2017, is below the two standard deviations above the national average urban rate of \$49.51 as required in 47 C.F.R. § 54.313(a)(10).



### **Broadband Comparability Certification**

ITS Telecommunications Systems, Inc. hereby certifies that the rates of our fixed broadband for the download speeds of 10 Mbps and 25 Mbps with the upload speeds of 1 Mbps and 5 Mbps do not exceed the benchmark rates as required in 47 C.F.R. § 54.313(g).

**Milestone Certification**

ITS Telecommunications Systems, Inc. hereby certifies that we have been able to provide speeds of at least 4Mbps down/1Mbps up for a majority of our broadband service subscribers. ITS Telecommunications Systems, Inc.'s provides broadband speeds of 10Mbps down/1Mbps up and higher to 81% of the units in our service area.

In early 2017, ITS Telecommunications Systems, Inc. constructed fiber to our Fox Brown Road area, which was originally scheduled to start June, 2019. The fiber construction was to encompass approximately 50 locations in that area and allows customers to subscribe up to 1 Gigabit symmetrical broadband service. As of the date of this report, ITS Telecommunications Systems, Inc. has twenty (20) residential customers from the Fox Brown Road Project subscribing to 200Mbps symmetrical broadband service or better and one business customer subscribing to business class fiber internet.

**REDACTED – FOR PUBLIC INSPECTION**  
**ITS TELECOMMUNICATIONS SYSTEMS, INC.**

**ATTACHMENT LINE 3015-16**

**FINANCIAL REPORTS**  
**PURSUANT TO 47 C.F.R § 54.313**

**ATTACHMENT REDACTED IN ENTIRETY**